### **Recommendations and Related Materials**

from the

## Long-Term and Behavioral Health Committee

for the

September 26, 2007

**State Health Coordinating Council Meeting** 

# Long-Term and Behavioral Health Committee Recommendations to the N. C. State Health Coordinating Council September 26, 2007

On September 14, 2007, the Long-Term and Behavioral Health Committee met to consider petitions and comments in response to the Proposed 2008 State Medical Facilities Plan. Copies of Agency Reports, Petitions and Comments are enclosed.

#### Nursing Care Facilities: Chapter 10 - pages 155 to 177 of the Proposed 2008 Plan.

No petitions or comments were received on the Nursing Care Facilities chapter of the <u>Proposed</u> 2008 Plan during the public comment period.

Based on the standard methodology, the <u>Proposed 2008 Plan</u> identified need for new nursing facility beds in four counties: Camden – 10 beds; Lincoln – 30 beds; Perquimans – 20 beds; and, Union – 90 beds. No inventory changes have occurred to date that result in a change in need determinations based on the standard methodology. The committee recommends that the Nursing Care Facilities policies, assumptions, methodology and need determinations be approved.

#### Adult Care Homes: Chapter 11 - pages 179 to 211 of the Proposed 2008 Plan.

One petition was received on the Adult Care Homes chapter of the <u>Proposed 2008 Plan</u> during the public comment period.

Adult Care Home Petition from the Housing Authority of the City of Wilson. (Please refer to Attachment - Adult Care Home Petition) The petitioner requests a need determination for 58 adult care home beds in Wilson County. The Committee recommends that the petition be denied.

The committee recommends that the Adult Care Homes policies, assumptions, methodology and need determinations be approved. Based on the standard methodology in the Proposed 2008 Plan, there are to date, 16 counties with need determinations for a total of 880 beds. The counties and number of beds are: Alexander – 10; Alleghany – 40; Camden – 20; Carteret – 120; Cherokee – 150; Currituck – 90; Gates – 40; Haywood – 50; Hyde – 30; Jones – 30; Macon – 130; Mitchell – 80; Perquimans 30; Polk – 20; Tyrrell – 20; and, Washington – 20.

#### Home Health Services - Chapter 12 - pages 213 to 251 of the Proposed 2008 Plan.

No petitions or comments were received on the Home Health Services chapter of the <u>Proposed</u> 2008 Plan during the public comment period.

Based on the standard methodology, there is no need determination for an additional Medicare-certified home health agency or office anywhere in the State. The committee recommends that the Home Health policy, assumptions, methodology and need determination be approved. It is noted that a Home Health Task Force will be convened to consider issues for the Proposed 2009 Plan.

#### Hospice Services - Chapter 13 - pages 253 to 290 of the Proposed 2008 Plan.

Six petitions and related comments were received during the public comment period on the <u>Proposed 2008 Plan.</u> The petitions requested adjusted need determinations for inpatient hospice beds.

Petition Inpatient Hospice – 1 from Hospice and Palliative Care Cleveland County (Please refer to Attachments – Hospice Inpatient and Hospice Inpatient 1) The petitioner requests an adjusted need determination for four hospice inpatient beds for Cleveland County. The Committee recommends approval of the petition and that there be a need determination for four inpatient beds for Cleveland County. Four beds is consistent with the deficit identified in the Proposed 2008 Plan.

Petition Inpatient Hospice – 2 from Hospice and Palliative Care Center (Forsyth County). (Please refer to Attachments – Hospice Inpatient and Hospice Inpatient 2) The petitioner requests an adjusted need determination for ten hospice inpatient beds for Forsyth County. The Committee recommends approval of the petition and that there be an adjusted need determination for ten inpatient beds in Forsyth County.

Petition Inpatient Hospice – 3 from Hospice of Gaston County. (Please refer to Attachments – Hospice Inpatient and Hospice Inpatient 3) The petitioner requests an adjusted need determination to eliminate the need determination that is in the Proposed 2008 Plan for seven additional hospice inpatient beds in Gaston County. The Committee recommends that the petition be denied.

Petition Inpatient Hospice – 4 from Haywood Regional Medical Center Hospice. (Please refer to Attachments – Hospice Inpatient and Hospice Inpatient 4) The petitioner requests an adjusted need determination for six hospice inpatient beds for Haywood County. The Committee recommends approval of the petition and that there be an adjusted need determination for six inpatient beds in Haywood County.

Petition Inpatient Hospice – 5 from Johnston Memorial Hospital Authority. (Please refer to Attachments – Hospice Inpatient and Hospice Inpatient 5) The petitioner requests an adjusted need determination to reduce the need determination for Johnston County to four hospice inpatient beds rather than the eight beds that was in the Proposed 2008 Plan. The Committee recommends approval of the petition and that there be an adjusted need determination for four inpatient beds in Johnston County.

Petition Inpatient Hospice – 6 from Angel Hospice and Palliative Care. (Please refer to Attachments – Hospice Inpatient and Hospice Inpatient 6) The petitioner requests an adjusted need determination for six hospice inpatient beds for Macon County. The Committee recommends approval of the petition and that there be an adjusted need determination for six inpatient beds in Macon County.

Ten counties would have need determinations based on the 2008 Plan standard methodology and the above recommended need adjustments. The counties and number of beds are: Brunswick –

7; Cleveland – 4; Forsyth – 10; Gaston – 7; Haywood – 6; Henderson – 7; Johnston – 4; Lincoln – 6; Macon – 6; and, Wilson – 8.

There are no need determinations for additional hospice home care offices anywhere in the State.

The committee recommends the Hospice assumptions, methodologies and need determinations be approved. It is noted that Agency staff will work with the Carolinas Center for Hospice and End of Life Care and the Association for Home and Hospice Care to come up with recommendations for changes in the hospice inpatient methodology for the 2009 Plan.

## End-Stage Renal Disease Dialysis Facilities – Chapter 14 – pages 291 to 296 of the Proposed 2008 Plan.

The Committee reviewed one Petition and related comments regarding the Dialysis Chapter of the <u>Proposed 2008 Plan</u>.

ESRD Petition from Transylvania County Department of Public Health (Please refer to Attachment – ESRD): Petitioner requested an adjusted need determination for a new dialysis facility to be located in Transylvania County. The Petitioner noted the rural mountainous nature of Transylvania County and the hazardous travel conditions, particularly in inclement weather. The Committee recommends approval of an adjusted need determination for an 8-station dialysis facility to be located in Transylvania County.

Except for the adjusted need determination recommended in response to the Petition and updating of the inventory and utilization data, the LT&BH Committee recommends no other changes to Chapter 14 for the <u>Final 2008 SMFP</u>.

#### **Behavioral Health Chapters**

<u>Psychiatric Inpatient Services – Chapter 15 – pages 297 to 306 of the Proposed 2008 Plan.</u> The Committee recommends adoption of the final Chapter by the SHCC with any appropriate updates in the narrative and with continued updated inventory or other appropriate data in the Chapter's tables.

The Committee recommends adoption of the revised Policy PSY-2. The revisions clarify the language that was in the Proposed 2008 SMFP. There were no comments or petitions submitted during the public review and comment period related to Policy PSY-2.

There was one petition and two comments for consideration. The petition was from Appalachian Regional Healthcare System, Boone, N.C. requesting that the State Health Coordinating Council (SHCC) approve an adjusted need determination for 10 adult psychiatric beds to be included in Chapter 15 of the Final 2008 State Medical Facilities Plan (SMFP). The Committee recommends the adjusted need determination, and the need determination would be for 10 adult inpatient psychiatric beds in Mental Health Planning Area 3 to be included in Chapter 15 of the Final 2008 State Medical Facilities Plan.

## <u>Substance Abuse, Detoxification, Inpatient and Residential Services – Chapter 16 - pages 307 to 316 of the Proposed 2008 Plan</u>

The Committee recommends adoption of the final Chapter by the SHCC with any appropriate updates in the narrative and with continued updated inventory or other appropriate data in the Chapter's tables. There was one petition and no comments received during the public review and comment period.

The petition is from Path of Hope, Inc., Lexington, N.C. requesting that the State Health Coordinating Council (SHCC) approve an adjusted need determination for twelve additional adult chemical dependency (substance abuse) residential treatment beds for the Piedmont Behavioral Healthcare Planning Area, comprising of Cabarrus, Davidson, Rowan, Stanly and Union Counties to be included in the Final 2008 State Medical Facilities Plan (SMFP). The Committee recommends the adjusted need determination, and the need determination would be for twelve adult chemical dependency (substance abuse) residential treatment beds for the Piedmont Behavioral Healthcare Mental Health Planning Area to be included in Chapter 16 of the Final 2008 State Medical Facilities Plan.

## <u>Intermediate Care Facilities for the Mentally Retarded – Chapter 17 - pages 317 to 332 of the Proposed 2008 Plan</u>

There were no petitions and one comment. The Committee recommends adoption of the final Chapter by the SHCC with any appropriate updates in the narrative and with continued updated inventory or other appropriate data in the Chapter's tables.

#### Other

The committee recommends authorizing staff to update narrative, tables and need determinations as data is received between the committee meeting and the Council meeting.